

Case Number:	CM14-0103275		
Date Assigned:	07/30/2014	Date of Injury:	09/10/2013
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old female with a 9/10/13 date of injury. The mechanism of the injury was not described. The patient was seen on 4/11/14 for the follow up visit. The patient complained of constant neck pain with headaches, bilateral shoulder pain, bilateral hand and wrist pain with paresthasias and low back pain. The patient also complained of bilateral knee pain and depressed mood. An exam findings of the cervical spine revealed negative Spurling's test and limited range of motion with flexion 40 degrees, extension 40 degrees, left rotation 45 degrees and right rotation 55 degrees. The examination of the bilateral upper extremities revealed positive Tinel's sign in the bilateral elbows and positive Phalen's sign bilaterally with bilateral thenar weakness. The patient accomplished 12 sessions of physical therapy and was undergoing acupuncture treatment. The diagnosis is cervical, thoracic and lumbar sprain/strain. EMG/NCS dated 3/7/14 revealed mild to moderate left carpal tunnel syndrome and mild right carpal tunnel syndrome with mild bilateral ulnar neuropathy. Treatment to date includes acupuncture, PT, work restrictions and mediations. An adverse determination was received on 6/11/14 given that the patient had physical therapy in the past and that there were no exceptional factors submitted to proceed with additional 12 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy two times a week times six weeks for the full back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The PT progress report dated 4/23/14 stated that the patient accomplished 11 sessions of PT and had authorized one more session. Although the note indicated that the patient benefited from the therapy, there is no clear rationale with regards to the need for additional 12 sessions of PT. In addition, the patient undergoes acupuncture treatment and it is not clear why she cannot transition into independent home exercise program. Therefore, the request for Physical therapy two times a week times six weeks for the full back was not medically necessary.